

CLAIMS ONLY						Application Number <i>10693650</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
(1)							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
(10)							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					